

**ON-LINE ACCESS TO STARS SECURITY SYSTEM**

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE

A=Add C=Chg D=Del	STARS OPERATOR ID			EMPLOYEE NAME (max 20)	NOMAD ACCESS (Y,N)
	(List alternatives in case the ID has been assigned)				
	Choice #1	Choice #2	Choice #3		

If Operator above is replacing or duplicating an existing Operator, the Operator ID to be replaced/duplicated is: \_\_\_\_\_

For CICS as it pertains to the above <b>new</b> operator:	Are File transfers done by FTP, TSO or Other:	
	Name of JCL job(s) submitted:	
	Latest CICS Oper ID used (if any):	

STARS DATA ENTRY – Indicate with an X the type of STARS transactions this Operator will be data entering:										
None	Budgetary	Receipts	Encumbrances	Expenditures	Grants	Rotary	Cash Transfer	Recurring	All	

Or – Indicate the STARS Operator Class from the D66 Descriptor Table: \_\_\_\_\_

FAS DATA ENTRY – Indicate with an X the type of FAS transactions this Operator will be data entering:			
None	Acquisitions	Dispositions	Trade Ins

Or – Indicate the FAS Operator Class from the F66 Descriptor Table: \_\_\_\_\_

STARS & FAS RELEASE AND TABLE SECURITY CONTROLS					
ACCOUNTING TRANS			FIXED ASSET APP LVL		
RELEASE FLAG			FAS OPERATOR CLASS		BUDGET UNIT
DATA ENTRY AGCYS:			FAS INQUIRY/MAINT		
RANGE 1			FAS DATA ENTRY		DESCRIPTOR
RANGE 2			FAS DESCRIPTOR		INDEX CODE
SECURITY ORG			FAS MASS UPDATES		ORGANIZATION CONTROL
RESP AGENCY			FAS PP RELEASE		PROGRAM COST ACCOUNT
BATCH EDIT MODE			FAS LOCATION1		GRANT CONTROL
WARRANT WRITING			FAS CHANGE FUNDING		PROJECT CONTROL
WARRANT STATUS			REPORT REQUEST		TRANSACTION CODE
APPROVAL LEVEL			SECURITY TABLE		VENDOR EDIT
MENU TYPE			NEWS/HELP TABLE		VE SELECT IND
PRINTER ID			RECURRING TRANS		ABA FILE MAINTENANCE
			REC TRANS REQUEST		ONLINE FILE INQUIRY
			SYSTEM MANAGEMENT		PRIOR PRD POST IND
FUND OVERRIDE			REPORT DISTRIBUTION		PRIOR YEAR POST IND
DAY INDICATOR					
WORK HOUR RANGE					

**We understand** that any changes made to these tables can effect the financial reporting during the current fiscal year in addition to effecting the comparison reporting across fiscal years. **We accept** full responsibility for the results from making the changes and additions. **We understand** the importance of reviewing with the State Controller's Office staff any changes being made to the above tables, in order to see how they effect financial reporting for our agency. Additionally, the undersigned user agency fiscal officer accepts full responsibility for making corrections of reporting errors occurring as a result of changes made to the tables.

FISCAL OFFICER Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY STARS SYSTEM

ADMINISTRATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

SCO APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_